								Application of Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2001									09306688					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL EI	mr ⊐	OR	OTHER SMALL I			
TOTAL CLAIMS							Γ	RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		8	asic fee	370.00	OR	Basic Fee	740.00		
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 9=		O R	X\$18=			
INDEPENDENT CLAIMS			minus 3 =		•			X42=		OR	X84=			
MULTIPLE DEPENDENT CLAIM PI			RESENT				` ├			٥٢				
* If the difference in column 1 is less than zero, enter "0" in column 2						L	+140=		OR	+280=				
						,	TOTAL	<u> </u>	OR	TOTAL	<u>.</u>			
1-28-05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIĞI NUM PREVI PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
N Q N	Total	. 14	Minus	- 9	Ø	-/_		X\$ 9=		OR	X\$18=			
AME	Independent	* &	Minus	***	3 FCI AIN	• /		X42=		OŖ	X84=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							' [+140=		OR	+280 =			
. 1 . 1 -							ال	TOTAL DOIT, FEE	,	OR	TOTAL ADDIT, FEE			
7	15/05	(Column 1)	•	(Colu	mn 2)	(Column 3)	~	<i>-</i>		•				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREV	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NON	Total	· /3	Minus	ي مو	30	•	lL	X\$ 9=		OR	X\$18=			
AME	Independent	NTATION OF MU	Minus	ENDEN	CLAIM	•	łL	X42=		OR	X84=			
						<u> </u>	1	+140=		OR	+280=			
							٠ ٨٢	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FÉE			
_	1-2304	(Column 1)		(Colu		(Column 3)		JOI 1. T C.			70011, 7 66			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	• 13	Minus	** 6	30_	•	JΓ	X\$ 9=		OR	X\$18=			
	Independent	• 2	Minus	see	<u>3</u>	. 🖳	!	X42=		OR	X84=			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=			
	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.							TOTAL		OR	TOTAL			
The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR ADI														
FORM PTO-475 (Rev. 801)														